

Welcome to the Vermont Integrated Services Initiative

Dear Friends,

We are inviting you to participate in the Vermont Integrated Services Initiative which will build on and continue to transform our system of care for people with co-occurring substance use and psychiatric disorders. As you know the Vermont Department of Health has been awarded a Co-occurring State Incentive Grant (COSIG) that will assist us in making co-occurring services a permanent part of our statewide business and information's system, our provider practice and our community support system.

We look forward to partnering with your organization and your regional system of care to strategize and enhance our statewide capacity to provide a welcoming, integrated and comprehensive system of care for people with co-occurring disorders. Below is an outline of our Initiative.

Who is being invited to participate?

At this phase we are inviting the ten Community Mental Health Agencies, the Federally Qualified Health Centers, three substance abuse residential programs and one treatment court.

Benefits: Why should I do this?

- Each agency will receive incentive funds to participate in this program.
- This process will help you to get an objective evaluation of your program, and position you with other clinical program innovators in the State of Vermont that are interested in making positive change.
- This process is collaborative and constructive. You will learn about your program. You will receive a formal written report describing your program, and for each program assessed you will receive a graphic depiction of your programs' alignment of key practice benchmarks.
- In addition to a written report and graphic, we also can discuss concrete strategies to enhance your services for persons with co-occurring disorders. You will also receive a toolkit manual that will provide you with practical and concrete examples of how to enhance services. Included in the toolkit are actual screening measures, program forms, and other resources that could be immediately implemented.
- You will receive ongoing technical assistance and training.
- You will receive ongoing clinical consultation.
- You will receive a confidential annual evaluation of your progress.

Method: What does this entail?

- Your program will be assessed using the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index. The DDCAT was developed by Dr. Mark McGovern from Dartmouth Medical School, and is being used by twenty states to guide services for persons with co-occurring disorders. The DDCAT has been adapted for mental health programs, and is also being tested in primary care and general medical settings.
- The DDCAT assessment involves a site visit.
- Site visits are arranged at your convenience. Dr. McGovern and member of the Vermont Integrated Services team will visit your program.
- The site visit can last from one half to one full day, depending on the number of programs being assessed within your agency. For example, if your agency has emergency services, an adolescent program and one intensive outpatient program it will likely be a full day process to do DDCAT assessments on all three programs. But if your agency has only two programs, and they are closely related, it may be possible to complete the assessment in one half day. The DDCAT assesses programs within your agency, not your overall agency, or a specific treatment “team” within your agency. However, it does look at certain domains like welcoming and policies and procedures regarding co-occurring that are agency wide expectations.
- Choosing which programs to be assessed is up to you. We recommend that you choose programs that you are interested in learning about. Some agency directors have elected to have a range of programs assessed, one they feel has more developed services for persons with co-occurring disorders, and one that they feel less certain about.
- The site visit consists of the following:
 - 1) Meeting with agency and program leadership;
 - 2) A tour of the program;
 - 3) Meeting with clinicians, either individually or in small group;
 - 4) Meeting with volunteer clients, either individually or in small group;
 - 5) Review of program brochure, policy & procedure manual;
 - 6) Review of intake & admission forms, telephone screening forms, program schedule, and other forms describing program clinical operations; and
 - 7) Review of a sample of patient records.

The exact sequence of these elements is up to you, and the amount of time spent on each varies from program to program.

- No HIPAA protected information is extracted from records during the site visit, and no staff members are identified in reports. Programs may have site visitors complete a confidentiality form or a sign in sheet upon entry into the agency.

Costs: Why should I not do this?

- Other than the time necessary to be available for site visits and consultations there are no costs to you or your program to participate.

- Your programs' results are not shared with other programs, and your programs' information will be combined with all other agencies that will be participating in this initiative. We plan to look at these data at baseline and over the course of the three-years to analyze trends and to chart Vermont's progress in improving services for persons with co-occurring disorders.

Expectations: What are we expected to do if we choose to participate?

- Each agency will receive an initial program assessment as described above.
- Each program will be assisted in conducting a "walk through" review of their agency with the first year.
- Each program will be assisted in developing an integrated services action plan for people with co-occurring substance use and psychiatric disorders based on the assessment.
- Each agency regardless of the program(s) it chooses to focus on will be expected to screen for co-occurring substance use and psychiatric disorders across all programs in the agency.
- Each program participating will be expected to screen, assess and plan to treat people with co-occurring substance use and psychiatric disorders.
- Each agency will be expected to participate in four to six trainings per year on co-occurring substance use and psychiatric disorders.
- Each agency will participate in regularly scheduled technical assistance meetings designed to enhance services and increase communication.
- Each agency will participate in a clinical consultation meeting regarding difficult cases and barriers to care six to twelve times per year.
- Each agency will participate in a confidential annual evaluation of its progress in providing co-occurring services.
- Each agency will be expected to provide data for the federally mandated Co-occurring Outcome Measures.

Next step: Just one

- Contact Paul Dragon to schedule your programs' DDCAIT assessment or to discuss any questions you have before proceeding.

We once again want to thank you for your interest in participating in this important initiative and for your service and dedication to the people of Vermont.